

Letter to the Journal

THE POSITIVE SIGNS OF NEUROSIS

To the Editor:

You are to be congratulated for publishing the recent letter, presumably unrevised and unexpurgated, from Dr. Eva P. Lester (*Canad. M. A. J.*, 85: 315, 1961). Any doubts about the scientific importance and educational value of "The Positive Signs of Neurosis" (T. F. Rose, *Ibid.*, 84, 1132, 1961) have been dispelled.

This may not have been Dr. Lester's intent but it is certainly what she has achieved. For that alone, your readers owe her a debt. Many will want to read (if not re-read) Dr. Rose's article. They will not be disappointed, for here is an essay whose literary qualities are seen rarely in a medical journal and not, certainly, in the above-mentioned letter. The original

article presented the quiet reflections of a competent physician. No pretentiousness is to be found there; no scurrying around in nosological mazes. But even with Dr. Rose's tendency to "under-write", there is more depth of knowledge there than Dr. Lester gives credit for. One reads of the results of prolonged and intense observation which must be based on a sense of altruism and dedication in such a physician. His fortunate patients can only benefit from such qualities.

In due course, your readers may benefit from more of Dr. Rose. So, too, could Dr. Lester, if, during her quest for knowledge, she acquired a sense of humour.

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MEDICAL NEWS IN BRIEF

THE DWINDLING INDICATIONS FOR STREPTOMYCIN IN PEDIATRIC PRACTICE

A recent editorial in *Antibiotic Medicine and Clinical Therapy* (8: 73, 1961) reviews the great change which has taken place in the therapeutic use of streptomycin in the past decade. Before the advent of the broad-spectrum antibiotics, streptomycin was used in the treatment of Gram-negative bacterial infections in the pediatric age group. It was valuable in the treatment of *Hemophilus influenzae* meningitis and septicemia, urinary tract infections due to Gram-negative bacilli as well as tularemia and brucellosis. With the availability of the newer antibiotics such as the tetracyclines and chloramphenicol, the value of streptomycin has been seriously curtailed. In all of the diseases in which this drug was once used, such as *H. influenzae* meningitis, urinary tract infections with *Pseudomonas aeruginosa*, Shigella enteritis and salmonellosis, other antibiotics or combinations of antibiotics are now more effective.

The combination of penicillin and streptomycin is still used far more often than is compatible with good practice. The fixed combination of these two drugs has an amount of streptomycin (0.5 g.) that is too large for use in infants and young children when one is estimating the dose on the basis of the quantity of penicillin G (400,000 units of procaine aqueous penicillin per c.c.). In the uncommon situation in which one does use streptomycin in infants, it should be given according to body weight, 20-40 mg./kg., separate and distinct from any other antibiotic. Fixed combinations of penicillin and streptomycin are definitely contraindicated in the pediatric age group. In the author's opinion, the bona fide indications for the use of streptomycin in infants and children, with the exception of tuberculosis, are now so rare that the drug

may become of historical importance only, in pediatric practice.

CARPAL TUNNEL SYNDROME—INITIAL MANIFESTATION OF SYSTEMIC DISEASE

Grossman *et al.* have recorded three cases in each of which the carpal tunnel syndrome with median nerve involvement represented three distinct entities, each a generalized systemic disorder (*J. A. M. A.*, 176: 259, 1961). Severe pain and parasthesias in the hands were the features common to the three cases. In the first patient, a 55-year-old woman, median neuropathy was the first indication of rheumatoid arthritis, and neurolysis at the right wrist gave immediate relief of pain. In the second patient, a 51-year-old man, the diagnosis proved to be gouty arthritis, and the decompression of the median nerve, which relieved symptoms in the right hand, revealed tophaceous deposits. In the third patient, a 63-year-old man, decompression of the median nerves at the wrists promptly relieved pain completely in both hands; biopsy of material obtained at operation confirmed the diagnosis of multiple myeloma. In the patients with rheumatoid arthritis and multiple myeloma, the symptoms referable to the median neuropathy preceded all other manifestations of systemic disease.

Recognition of the carpal tunnel syndrome in each of the three cases helped to settle the diagnosis and led to relief by surgery from severe prolonged suffering.

It appears that the carpal tunnel syndrome in the absence of true osseous disease at the wrist is more frequent than was formerly thought, and that probably in the future other systemic diseases will be found to be associated with this syndrome.

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